

**Request for Part-Time Attendance or Ancillary Services
From Private School Student or a Student Receiving
Home-Based Instruction
2022 / 2023**



Please Check One: Home School Private School

“The board of directors of any school district is authorized and, in the same manner as for other public school students, shall permit the enrollment of and provide ancillary services for part-time students” (Reference RCW 28A.150.350).

In accordance with District Policy 3114, students legally residing in Spokane Public Schools and attending home based instruction, private school, or a work training program are eligible to attend district classes and receive ancillary services on a part-time basis.

Student’s Name: _____ Birthdate: _____ Grade: _____

Student’s Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian’s Name: _____

Telephone: (Work) _____ (Home) _____

(To be completed jointly with school counselor)

PUBLIC SCHOOL WHERE SERVICE IS REQUESTED (RESIDENT SCHOOL) _____

Service or course requested and date(s) student wants to participate:

Service/Course: _____ Semester: _____ Hour(s): _____

Service/Course: _____ Semester: _____ Hour(s): _____

Service/Course: _____ Semester: _____ Hour(s): _____

Service/Course: _____ Semester: _____ Hour(s): _____

IF REQUEST IS MADE BY PRIVATE SCHOOL STUDENT:

Name of private school: _____

As the parent/guardian of _____, I certify that this student is a private school student, and I attest that the services requested are not available in the private school that my child attends.

Transportation is the responsibility of the parent/guardian. Transportation for field trips may be provided. Transportation which is required to fulfill a condition for the receipt of federal funds may be provided.

Parent/Guardian’s Signature: _____ Date: _____

SPS Principal’s Signature: _____ Date: _____

RESIDENT SCHOOL- Distribute copies as follows: Home School Students-copy to Bryant Campus, copy to school attending, copy to parent/guardian. If student is receiving speech or hearing therapy, copy to Special Education, Administration Building.

Retain this record for three (3) years